PTO/SB/2 Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE

Under the Receiverk Reduction Act of 1995, no persons are	required to respond to a collection	n of information unless if dis	splays a valid OMB control numbe
FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005		FUPA5	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  Application Number 10/065757		Filed 09/28/2002	
For A system and method for packing Multi		Touch aestures on a hand	
Art Unit 2673	packing month	Examiner 5/10	a Tom V
This is a request under the provisions of 37 CFR 1 apparation.	136(a) to extend the perio	d for filing a reply in t	1)
The requested extension and fee are as follows (ch	eck time period desired a	nd enter the appropri	ate fee below):
	<u>Fee</u>	Small Entity Fee	
One month (37 CFR 1 17(a)(1))	\$120	\$60	\$
Two months (37 CFR 1.17(a)(2))	\$450	\$225	s <u>225,00</u>
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CF	FR 1.27.		
A check in the amount of the fee is enclos			
Payment by credit card. Form PTO-2038 i	s attached.		
The Director has already been authorized		pplication to a Depo	osit Account.
The Director is hereby authorized to charge	_	•	
Deposit Account Number			ate copy of this sheet.
WARNING: Information on this form may become Provide credit card information and authorization		ation should not be inc	cluded on this form.
I am the applicant/inventor.			
assignee of record of the en Statement under 37 CFF			
attorney or agent of record.	Registration Number		
attorney or agent under 37 ( Registration number if acting u			
18 2		12/1	5/04
Signature			Date
John G. ELI	'As	30z 83	1 1163
Typed or printed name			hone Number

NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of

forms are submitted.

To the control of information is required by 37 OFR 1 136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the 25 °C to process) an arm on the confidentiality is governed by 35 U S 0 120 and 37 OFR 1 11 and 1.14. This collection is estimated to take 6 minutes to 21 a 22 including gather 3 per paining in 1 submitting the completed and it on form to the USPTO. Time will vary depending upon the individual case. Any retain in the rand, at at the confidence to complete this form and or conjustions for reducing this burden, should be sent to the Chief Information Officer, 15 of the 19 Thus, and the USPTO commissioner for Patients, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED 1, 25 of 18 Alexandria SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.